

**King County EMS  
EMT Epinephrine Autoinjector  
Total Quality Management Data Form**

Today's date     /     /     Date of incident     /     /     .

MIRF #     IDC     

Pt name/age/sex     

EMT's name & EMS #     

Took appropriate BSI measures (gloves, sharps)     Y / N

**Subjective Information**

Chief complaint     

Mechanism of exposure     

Assessed history of allergic reactions or anaphylaxis     Y / N

If under 18, confirmed parents' request for epinephrine     Y / N

Confirmed patient possessed current prescription     Y / N

Symptoms:     SOB     Y / N

                    Dizzy or lightheaded     Y / N

                    Itching     Y / N

                    Tightness in throat and/or chest     Y / N

**Objective Findings**

Assessed ABCs, lung sounds (circle):   clear           wheezes           rales           none

Assessed level of consciousness(circle)   A   V   P   U

Assessed skin – color     temp     moisture   Y / N   hives   Y / N   rash   Y / N

Vital signs   BP     P     R     

Observed findings of severe respiratory distress or hypotension   Y / N

Other signs     

**Assessment** (circle one)

          Anaphylactic Reaction

          Allergic Reaction

**Plan**

Provided high flow oxygen     Y / N

Assisted ventilations     Y / N

Requested medic evaluation     Y / N

Treated for shock     Y / N

Checked medication for expiration date and discoloration     Y / N

If patient was less than 65 lbs. administered with an EpiPen Jr.     Y / N

Injected at site on lateral, mid thigh     Y / N

Monitor vitals and patient's signs and symptoms, every 5 minutes     Y / N

Transport method     

**Patient Outcomes**

Relief of signs and symptoms   Y / N

      :     Arrival time  
      hh:mm

      :     Epi administered  
      hh:mm

      :     Medics on scene  
      hh:mm

Mail completed forms to:  
King County EMS  
BLS and Training  
999 Third Avenue, Suite 700  
Seattle, WA 98104-4039